

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06132**

1. Entity Name  
**ADVOCATES FOR INSURING RETARDATE  
ENTITLEMENTS, INC.**



Principal Place of Business

**2050 CORONET LA  
CLEARWATER, FL 33764 US**

Mailing Address

**P. O. BOX 6635  
CLEARWATER, FL 33758 US**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2466322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CROW LAWRENCE D.  
1266 SO PINELLAS AVE.  
TARPON SPRINGS, FL 34689**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000585625  
01/16/07-80021-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, PAT
STREET ADDRESS	1434 HILL DR
CITY-ST-ZIP	LARGO, FL 33770
TITLE	PD
NAME	SIMMONS, NANCY
STREET ADDRESS	2050 CORONET LANE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	T
NAME	STEINBRUCHEL, ARMANDO
STREET ADDRESS	820 123RD AVE
CITY-ST-ZIP	TREASURE ISLAND, FL
TITLE	D
NAME	WATKINS, MARGARET
STREET ADDRESS	6665 10TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	D'AURIA, JOAN
STREET ADDRESS	7570 46TH AVE #123
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

*A. Steinbruchel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan/8/2007 727 360-6830*  
DATE DAYTIME PHONE #

*A. STEINBRUCHEL TREASURER*

*paid \$61.25 1/8/07  
#421*